



ID# []

Membership Type []

Membership Branch []

Primary Member Name: _____ Gender: Male Female DOB: ____/____/____

Home Address: _____ City: _____ State: _____ Zip: _____

Primary Ph. #: _____ Email Address: _____

Employer/School: _____ Work Ph. #: _____

Employer/School Address: _____ City: _____ State: _____ Zip: _____

ADDITIONAL MEMBERS: Please list all additional person(s) to be included on this membership.

	Name (First, Middle, Last)	Relation to Primary	Occupation/School	Phone	Gender	Age	Birthdate
2					<input type="checkbox"/> M <input type="checkbox"/> F		
3					<input type="checkbox"/> M <input type="checkbox"/> F		
4					<input type="checkbox"/> M <input type="checkbox"/> F		
5					<input type="checkbox"/> M <input type="checkbox"/> F		
6					<input type="checkbox"/> M <input type="checkbox"/> F		

MINOR CONSENT & RELEASE: I, (We), the undersigned, parent(s)/guardian(s) of a minor, authorize the YMCA of the East Valley to consent to any x-ray exam, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the medical practice act on the medical staff of licensed hospital, whether such diagnosis is rendered at the office of said hospital. It is understood that this authorization is given in advance of any specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise given pursuant to the provisions of section 25.8 of the Civil Code of California. This authorization shall remain effective, unless revoked in writing and delivered to the YMCA of the East Valley.

PARENT/GUARDIAN(S) SIGNATURE: _____

MEDICAL INFORMATION:

Emergency Contact: _____ Dr. /Clinic Name: _____

Relationship: _____ Dr. /Clinic Ph. #: _____

Contact Home Ph.: _____ Medications (for whom): _____

Contact Work/Cell Ph.: _____ Allergies (for whom): _____

PAYMENT INFORMATION:

Name as it appears on bank account or credit card: _____

Type of Account (circle one: checking/savings/credit card): _____ Account/Card #: _____

Bank transit # or credit card expiration date: _____ Draft on: 10th or 25th

Payment Authorization: I authorize the YMCA of the East Valley to deduct my monthly membership dues from the account listed above (please note that Mastercard/Visa debit cards CANNOT be used for monthly drafts). I understand that should any preauthorized payment not be honored by my bank, that I will remain liable for such payment and must immediately pay the amount due plus an additional processing fee of \$20.00. **Terms of Membership**

Cancellation: I agree that this payment agreement shall remain in effect at all times and that any changes or cancellation requires an advance 5-day written notice by the primary account holder. Any notice of less than 5-days will result in one more monthly payment. I agree to the above YMCA payment policies, and understand that YMCA memberships are NON-TRANSFERABLE and NON-REFUNDABLE.

Signature (as shown on bank or credit card): _____ Date: _____

- I understand and agree that for security purposes, all dependent members must agree to be photographed prior to utilizing their membership benefits.
- I have been issued a YMCA of the East Valley Code of Conduct and understand that it is my responsibility to ensure that each dependent member acts in accordance with these rules, as a failure to do so may result in expulsion from the YMCA and a revocation of membership.
- I grant the YMCA of the East Valley, its agents and the news media the right to photograph my dependent members, and to use the photographs for promotional or news purposes and the right to record our voices or to note our comments to use for promotional purposes on television, newspaper, magazine or radio news. I also warrant the rights granted herein do not conflict with any existing commitments on my part.
- I understand that the YMCA of the East Valley, in its sole discretion, reserves the right to deny or cancel the membership of any person at any time.

Signature of Primary Member: _____ Date: _____

The YMCA is a not-for-profit organization that frequently applies for grant funding to provide scholarships and program support. By providing the information below, you help us to comply with guidelines from funders that require us to collect such data. This information will be treated confidentially.

Ethnicity: African American Alaskan Native Asian/Pacific Islander Hispanic Native American Caucasian/Non Hispanic Other

Income: Less than \$13,999 \$14,000-24,999 \$25,000-39,999 \$40,000-54,999 \$55,000-74,999 More than \$75,000

How did you hear about the YMCA? Brochure Website Newspaper Yellow Pages Family/Friend/Member Drive By Other: _____

YMCA of the EAST VALLEY

Release and Waiver of Liability And Indemnity Agreement

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representative heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonable suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASE, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasee or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED expressly grants permission to the YMCA of the East Valley to photograph himself/herself and/or his/her children for publicity purposes.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statement or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

I HAVE READ THIS RELEASE

_____/_____/_____
Date

Participant Signature

_____/_____/_____
Date

Parent or Guardian Signature
(if participant is legally a minor)

Print Parent or Guardian

Print